

<b>Case Number:</b>	CM14-0153503		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 27 year old female with a 4/25/12 injury date. She was trying to prevent a client from falling out of a wheelchair and injured her lumbar back. In an 8/19/14 follow-up, the patient notes continued lower back pain. Objective findings included tenderness in the right sacroiliac joint region with positive Faber test and straight leg raising test, and no motor/sensory/reflex abnormalities. The provider indicated that a recent lumbar spine CT showed a L5-S1 disc bulge. A September 2012 lumbar MRI showed a small disc bulge but no other abnormality. EMG/NCV studies on 1/11/13 were normal. An earlier 6/12/14 follow-up showed positive Flip and Lasegue tests on the right side. Diagnostic impression: right sacroiliitis. Treatment to date: medications, activity adjustment, acupuncture, physical therapy, chiropractic care, back support, cognitive behavioral therapy. A UR decision on 8/26/14 denied the request for right SI joint injection on the basis that there were not at least 3 documented positive features of SI joint arthropathy on clinical exam.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**RIGHT SI JOINT INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, HIP AND PELVIS CHAPTER, SACROILIAC JOINT BLOCKS

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hip and Pelvis Chapter.

**Decision rationale:** CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). In the present case, there was only one documented positive SI joint exam findings which was the FABER test. The guideline criteria require at least 3 positive findings. Therefore, the request for right SI joint injection is not medically necessary.